

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G268	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/25/2014
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1826 S COVEY LANE BLOOMINGTON, IN 47401
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000000	<p>This visit was for a Post Certification Revisit (PCR) to the full recertification and state licensure survey completed on 3/13/14.</p> <p>Survey Dates: April 24 and 25, 2014</p> <p>Facility Number: 000788 Provider Number: 15G268 AIM Number: 100243600</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>This deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 5/1/14 by Ruth Shackelford, QIDP.</p>	W000000	...	
W000203	<p>483.440(b)(5)(i) ADMISSIONS, TRANSFERS, DISCHARGE At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status.</p> <p>Based on record review and interview for 1 of 1 client who was discharged from the group home (#6), the facility failed to develop a final summary of client #6's developmental, behavioral, social, health and nutritional status at the time of discharge.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 4/24/14 at 12:05 PM and indicated the following: On 3/25/14 at 1:00 PM, client #6 went to an eye doctor appointment. The Bureau of Developmental</p>	W000203	To correct the deficient practice, the discharge summary for client #6 has now been completed. To ensure no other clients were affected, the Network Director/QIDP will review records for all customers who have left/transferred services in the last year to ensure a discharge summary was completed, and if not, will complete a summary. The Director of Residential Services will train all supervisory staff on LifeDesigns' exit/transfer policy and the Leaving Services Summary Form (discharge	05/25/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Disabilities Services (BDDS) report, dated 3/26/14, indicated, in part, "Upon arrival they (client #6 and staff #2) were told that they needed to go to the building across the street. They then exited the building and started across the street. While crossing the street [client #6] stumbled and fell to the ground. Staff then helped him up and moved him out of the road. Staff noticed a cut on [client #6's] hand. [Client #6] then told staff his butt hurt. Staff then decided to go to a emergency care place instead of the eye appointment. Staff called another staff to have them help move him into the vehicle. Upon trying to get [client #6] into the car he tried to stand up but couldn't and said his leg (leg) dont (sic) work. Staff then called 911 for an ambulance. [Client #6] was then taken to the ER (emergency room). The ER staff did an x-ray and determined that [client #6] had fractured his hip. [Client #6] was then admitted and would need surgery." The BDDS follow-up report, dated 3/28/14, indicated, "[Client #6] has been in the hospital receiving care since shortly after the incident. He had a partial hip replacement 3-27-14 at 12p. He is currently recovering well." The 4/10/14 BDDS report indicated, "On 4/9/14 at 5:00 PM, [client #6] was taken from [name of hospital] and admitted into [name of rehabilitation center]."</p> <p>On 4/24/14 at 12:10 PM, the Network Director (ND) emailed a copy of the Indiana Family & Social Services Administration (FSSA) Notice of Admission/Transfer/Discharge form, dated 4/9/14. The discharge form indicated, in part, "[Client #6] is being admitted to a rehab center for three to four weeks." The FSSA discharge form did not include a summary of client #6's developmental, behavioral, social,</p>		summary).The Director of Residential Services will provide ongoing monitoring by tracking all customer transfers/discharges and reviewing the Leaving Services Summary Forms.				

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W009999	<p>health and nutritional status.</p> <p>On 4/24/14 at 12:07 PM, the Network Director (ND) indicated a BDDS report and a FSSA discharge summary (address change) were completed when client #6 was discharged from the group home and into the rehabilitation center. The ND indicated a discharge summary was not completed including client #6's developmental, behavioral, social, health and nutritional status information. The ND stated information was given to the rehabilitation center by "word of mouth" during a transitional and care meeting. The ND indicated the rehabilitation center did not request documentation regarding client #6's developmental, behavioral, social, health and nutritional status. The ND indicated he thought that since client #6 was returning to the group home, a discharge summary including client #6's developmental, behavioral, social, health and nutritional status did not need to be completed.</p> <p>9-3-4(a)</p>	W009999	No deficiency statement to respond to.	05/09/2014			